

## ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

1 / 1 / 12 4 1 15 / 13 / 1 / 1 / 5 14 15 / 12

CAT#  
CHICAGO  
CHICAGO POLICE DEPARTMENTDAMAGE TO ANY  
ONE PERSON'S  
VEHICLE PROPERTY \$500 OR LESS  
 \$501 - \$1,500  
 OVER \$1,500TYPE OF REPORT  
ON SCENE  
NOT ON SCENE DESK REPORT  
AMENDED31  
 A. No Injury: Drive Away  
 B. Injury and / or Tot. Due To Crash33 B C NUMBER  
[REDACTED]14 TFW  
1

DRIVER'S NAME	DATE OF BIRTH	MAKE	MODEL	YEAR
[REDACTED]	4/23/13	DODGE	NEON	2004
SEX / SATT / AIR	PLATE NO.	STATE	YEAR	
M	A414603	IL	9-2012	
INJURY	CLASS	VEHICLE OWNER LAST, FIRST MI.	INSURANCE CO	
B	1	RANIERI, VICTOR T	NONE	
CARRIER ADDRESS (STREET, CITY, STATE, ZIP)				
637 WINDSOR RD   COVES PK   60111				

INTERSECTION RELATED	35 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	36 DATE OF CRASH 12/27/12
PRIVATE PROPERTY	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	TIME 02:12 AM
HT & ROLL	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	38 NUMBER MOTOR VEHICLES INVOLVED 1

35 DATE OF CRASH  
12/27/12TIME  
02:12 AMBEAT OF OCCURRENCE  
42

DRIVER'S NAME	DATE OF BIRTH	MAKE	MODEL	YEAR
[REDACTED]	4/23/13	DODGE	NEON	2004
SEX / SATT / AIR	PLATE NO.	STATE	YEAR	
M	A414603	IL	9-2012	
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35 DATE OF CRASH  
12/27/12TIME  
02:12 AMBEAT OF OCCURRENCE  
42

EMT AGENCY	OWNER ADDRESS (STREET, CITY, STATE, ZIP)	TELEPHONE	POLICY NO.
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

EMT AGENCY	OWNER ADDRESS (STREET, CITY, STATE, ZIP)	TELEPHONE	POLICY NO.
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

35 DATE OF CRASH  
12/27/12TIME  
02:12 AMBEAT OF OCCURRENCE  
42

1. 3 101 M F 3 14 B 1	[REDACTED]	SSH	CPD
— Y/TNESS	P.D. MITCHELL 1009	[REDACTED]	[REDACTED]
— Y/TNESS	P.D. MEADOWS 4438	[REDACTED]	[REDACTED]

1. 3 101 M F 3 14 B 1	2. 3 101 M F 3 14 B 1	3. 3 101 M F 3 14 B 1	4. 3 101 M F 3 14 B 1
— Y/TNESS	P.D. MITCHELL 1009	[REDACTED]	[REDACTED]
— Y/TNESS	P.D. MEADOWS 4438	[REDACTED]	[REDACTED]

35 DATE OF CRASH  
12/27/12TIME  
02:12 AMBEAT OF OCCURRENCE  
42

REMEMBER TO USE BLACK INK, PRESS HARD, PRINT LEGIBLY AND COMPLETE ALL REQUIRED FIELDS!

SHARED PROPERTY	FENCE & POSTS	CONTRIBUTORY CAUSE(S)	POSTED SPEED LIMIT
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

SHARED PROPERTY	FENCE & POSTS	CONTRIBUTORY CAUSE(S)	POSTED SPEED LIMIT
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

35 DATE OF CRASH  
12/27/12TIME  
02:12 AMBEAT OF OCCURRENCE  
42

REPORT DATE	SECTION	CITATION NO	45 DATE POLICE NOTIFIED
12/27/12	511-204.1	LONG PCFM	12/27/12
SIGNATURE	SECTION	CITATION NO	TIME NOTIFIED
SALIS, LINDA H	514-303	LONG PCFM	02:12 PM
J-PEAT	496	[REDACTED]	
48 SUSP. SIGNATURE STAMPED			

REPORT DATE	SECTION	CITATION NO	45 DATE POLICE NOTIFIED
12/27/12	511-204.1	LONG PCFM	12/27/12
SIGNATURE	SECTION	CITATION NO	TIME NOTIFIED
SALIS, LINDA H	514-303	LONG PCFM	02:12 PM
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48 SUSP. SIGNATURE STAMPED			

35 DATE OF CRASH  
12/27/12TIME  
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42

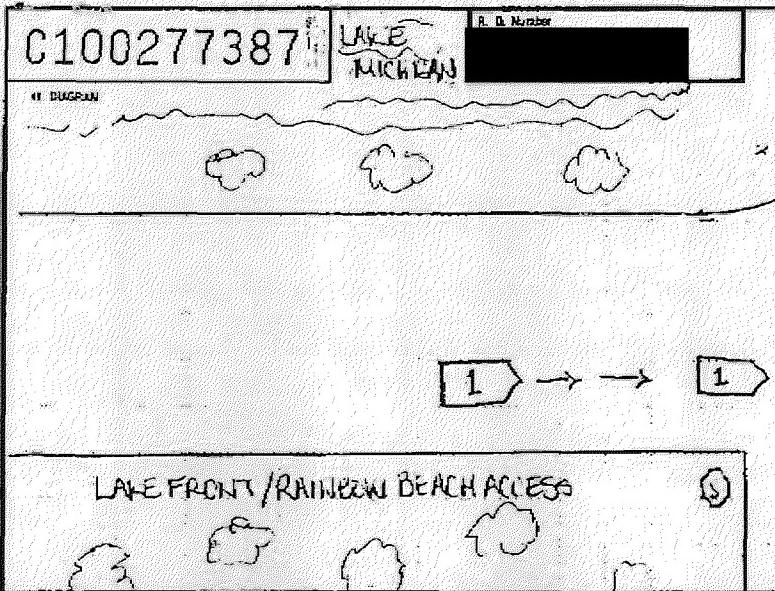
FEB-27-2012 22:17 From:312-747-8910 Attachment # 107

REMEMBER TO USE BLACK INK, PRESS HARD, PRINT LEGIBLY AND COMPLETE ALL REQUIRED FIELDS!

FEB-27-2012 22:17

TIME  
02:12 AMBEAT OF OCCURRENCE  
42

CPD 0030987



## 50 NARRATIVE (Refer to vehicle by Unit No.)

IN SUMMARY (I) WAS FLEEING POLICE VEHICLES WHEN HE CAME TO ABOVE LOC. WHILE TRAVELING SOUTHBOUND APPROACHING 79<sup>TH</sup> ST. WHEN HE JUMPED FROM THE DRIVER'S SEAT INTO THE REAR SEATING AREA OF THE VEHICLE. THE VEHICLE CONTINUED SOUTHBOUND THROUGH THE INTERSECTION UNTIL IT LEFT THE ROADWAY STRIKING A FENCE AT THE ABOVE LOCATION DAMAGING THE POSTS AND CHAINLINK AS WELL AS THE LANDSCAPING AND VEHICLE. 420R TRIAK 2393 [REDACTED] ON SCENE. SGT LAMPIERI 276 A1 VC ON SCENE. ET SCUMACI 3811 BT 5823. VEHICLE TOWED UNDER SS#017162. REFERENCE RD# [REDACTED]

59 HIT & RUN WANTED DRIVER	SEX	RACE	AGE	HAIR COL.	DISTINGUISHING MARKS / CLOTHING DESCRIPTION	UNIT NO.	VEH. COLOR
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MAN	OFFICER ASSIGNED ONLY	STAR NO.	DATE ASSIGNED	SUPV STAR NO.	IF CASE CLEARED HOW <input type="checkbox"/> ARREST PROSECUTION	CITATION NO.
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COURT DATE	TIME	AM PM	CHARGES	<input type="checkbox"/> EXC CLEARED
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SUSPENDED	<input type="checkbox"/> TIM CANNOT ID DEFENDER LETTER TO CONTACT RETURNED BY POST OFF	<input type="checkbox"/> NO INVESTIGATIVE LEADS X-PORT CASHED	<input type="checkbox"/> VEH STOLEN/HAD NO OTHER ISSUE(S)
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PREPARED BY - SIGNATURE	STAR NO.	DATE (Day-Mo-Yr)	APPROVED BY SIGNATURE	STAR NO.
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## 51 COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS.

- A CMV is defined as any motor vehicle used to transport passengers or property and:
1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
  2. Is used or designed to transport more than 15 passengers including the driver (example: shuttle or charter bus); or
  3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
  4. Is used or designed to transport between 9 and 15 passengers including the driver, for direct compensation beyond 75 air miles from the driver's work reporting location (example: large van used for specific purpose); or
  5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

CARRIER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

54 USDOT NO. \_\_\_\_\_ ILC NO. \_\_\_\_\_

55 Source of above info.  Side of Truck  Papers  Driver  Log Book

56 Gross Vehicle Weight Rating (GVWR)

Were HAZMAT placards displayed on the vehicle?  Yes  No

55 If yes, name on placard \_\_\_\_\_

4-digit UN no. \_\_\_\_\_ I-cigt Hazard Class no. \_\_\_\_\_

Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle's own tank)?  Yes  No  UnknownDid HAZMAT Regulations violation contribute to the crash?  Yes  No  UnknownDid Motor Carrier Safety Regulations (MCS) violation contribute to the crash?  Yes  No  Unknown

Was a Driver/Vehicle Examination Report form completed?

HAZMAT  Yes  No  Unk Out of Service?  Yes  NoMOS  Yes  No  Unk Out of Service?  Yes  No

Form No. \_\_\_\_\_

56 IDOT PERMIT NO. \_\_\_\_\_ VEHICLE LOAD?  Yes  NoTRAILER WIDTH(S): 0'-96"  97'-102"  >102"57 TRAILER 1    
TRAILER 2  

TRAILER LENGTH(S): 1 \_\_\_\_\_ ft TRAILER 2 \_\_\_\_\_ ft

TOTAL VEHICLE LENGTH \_\_\_\_\_ ft NO. OF AXLES \_\_\_\_\_

CRASH LOCATION:  CITY OF OR  NEAREST CITY  
MILES N E S W OR \_\_\_\_\_ CIRCLE ONE  
CHICAGO OR NAME \_\_\_\_\_

SELECT CODES FROM BACK COVER OF CRASH BOOKLET

VEHICLE CONFIGURATION \_\_\_\_\_

CARGO BODY TYPE \_\_\_\_\_ LOAD TYPE \_\_\_\_\_